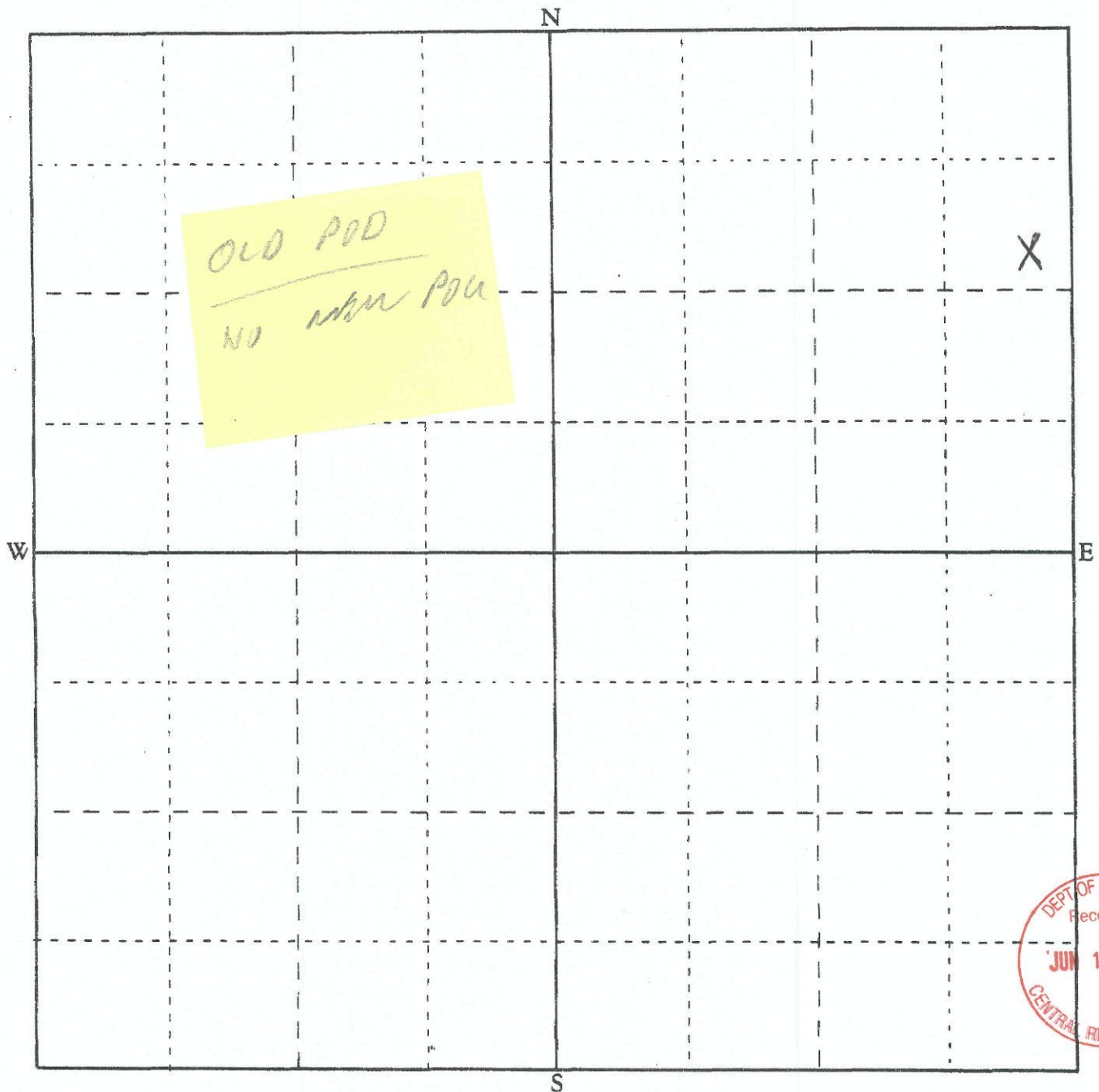


# SECTION MAP Certificate # S3-21138(A)C

Sec. 8 Twp. 29 N. R. 26 E

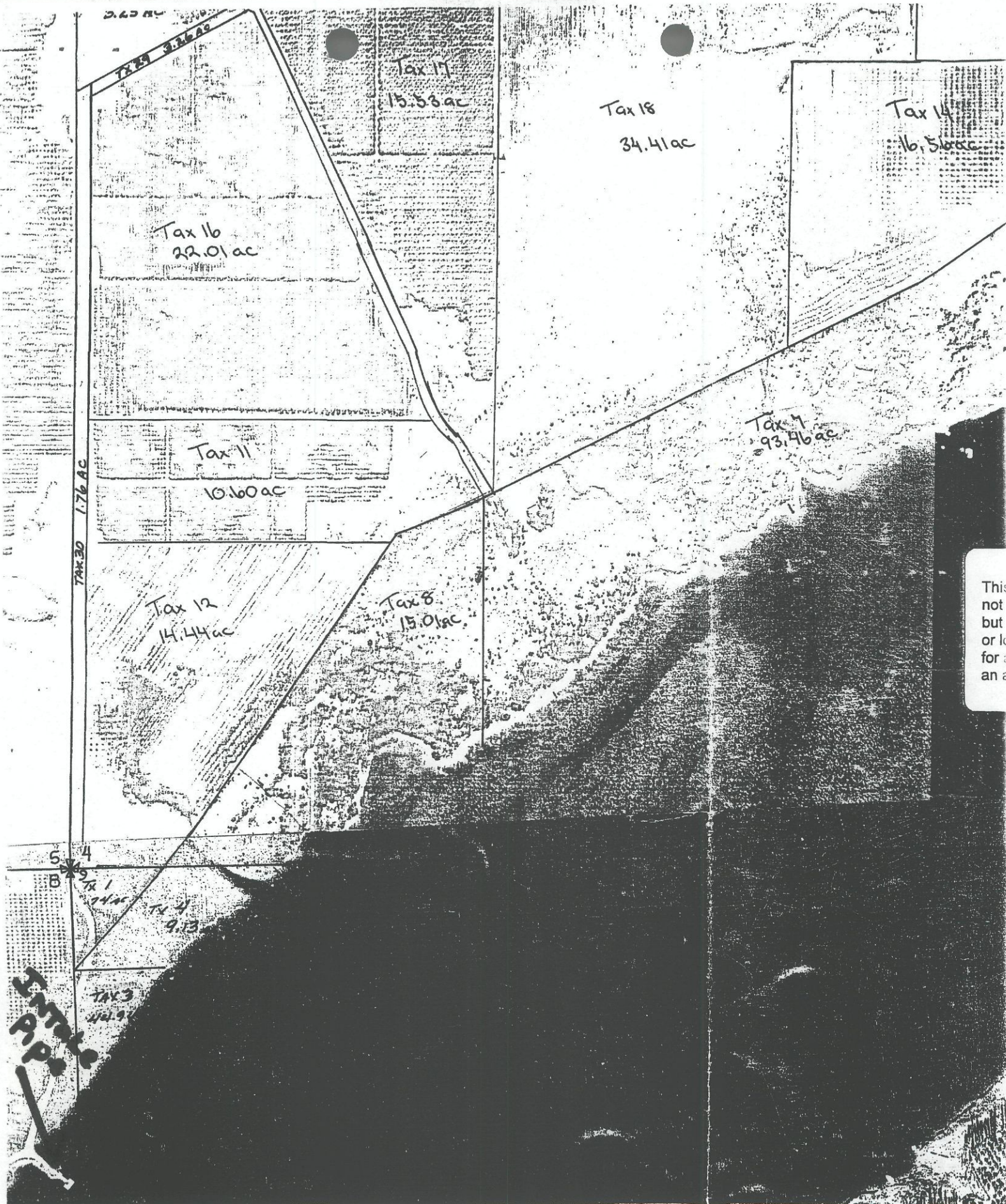


Scale: 1 inch = 800 feet (each small square = 10 acres)

Show by a cross (X) the location of point of diversion (surface water source) or point of withdrawal (ground water source). For ground water applications, show by a circle (O) the locations of other wells or works within a quarter of a mile.

Indicate traveling directions from nearest town in space below.

1100 Feet South  
200 Feet West To Bridgeport  
of Northeast corner  
of Section 8 (Wells Ranch Service Association)



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Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** ER ch and 53-21138A)CWR-88

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PERKINS ORCHARD CO INC  
PO BOX 505  
BRIDGEPORT WA 98813-3773

4a. Article Number

2105 6368

4b. Service Type

- ☐ Registered ☒ Certified  
☐ Express Mail ☐ Insured  
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Muney Sells*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7000 0520 0023 2105 6368  
9866 5015 0200 2105 6368

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)

*Perkins Orchard Co. Inc.*

Street, Apt. No.; or PO Box No.

City, State, ZIP+ 4

PS Form 3800, February 2000

See Reverse for Instructions



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

June 7, 2001

**CERTIFIED MAIL**

Perkins Orchard Company Inc  
PO Box 505  
Bridgeport WA 98813-3773

**RE: Emergency Drought Change Authorizations (S3-21138(A)C), G4-27395C,  
CS4-01196C, CS3-21138(B)C, CS4-01196C@1**

Enclosed please find copies of the Department of Ecology's Emergency Drought Change Authorization(s). This report constitutes our determination and order regarding the above-referenced applications for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

This Order may be appealed pursuant to RCW Chapter 43.21B. The person to whom this Order is issued must file an appeal with the Pollution Control Hearings Board within thirty (30) days of receipt of this Order. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Fiscal Office, P.O. Box 47615, Olympia, Washington 98504-7615. All others receiving notice of this Order must file an appeal with the Pollution Control Hearings Board within thirty (30) days of the date the Order was mailed in the same manner described above.

Sincerely,

A handwritten signature in black ink, appearing to read "RFB", with a long horizontal line extending to the right.

Robert F. Barwin, Section Manager  
Water Resources Program

RFB:gg  
010586a

Enclosures: Emergency Drought Change Authorization(s)

f-1ch.doc

